Form Approved. OMB No. 2050-0028. Expires 9-30-82 GSA No. 0246-EPA-01

Please rater to the instructions for Filling Natification before completing this form. The information requested here to required by law (Section 301) of the Resource Conservation and Recovery Act).

& EPA

Notification of Regulated Waste Activity

Date Received (For Official Use Only)

APR 2 3 198

and Recovery Act). United States Environmental Protection Agency I. Installation's EPA ID Number (Mark 'X' in the appropriate box) C. Installation's EPA ID Number A. First Notification B. Subsequent Notification (complete Item C) 11. Name of Installation (Include company and specific site name) N R E 0 U Ι Ρ M Ε N Τ J Ε D Ε Ε N III. Location of Installation (Physical address not P.O. Box or Route Number) Street S Ε T T R E 0 N G Ε 9 Street (continued) State ZIP Code City or Town C 9 0 8 0 В Ε C Н N G A \circ County Code County Name Ε Ε S \overline{C} S N G L 0 A V. Installation Mailing Address (See instructions) Street or P.O. Box 5 2 P В 0 X 5 4 State ZIP Code City or Town 2 9 4 0 Ε A R D N V. Installation Contact (Person to be contacted regarding waste activities at site) (first) Name (last) W H Ι Τ Τ N G T 0 N 0 H N Job Title Phone Number (area code and number) T 0 2 9 9 8 9 6 R Ε S D E N 1 V Ι C 1 Ε VI. Installation Contact Address (See Instructions) A. Contact Address B. Street or P.O. Box Location Mailing X P Ŕ T E C 0 IJ City or Town State ZIP Code 9 3 Ε R N 0 N Н Ι L L S 0 0 VII. Ownership (See instructions) A. Name of installation's Legal Owner R W Н Street, P.O. Box, or Route Number 3 3 ۱7 Ι Ε R C Ε C 0 U R T City or Town State ZIP Code 9 V Ε R 0 N Н I L S L 6 0 0 N C. Owner Type B. Land Type D. Change of Owner (Date Changed) Year Month Phone Number (area code and number) Indicator Day No KI Yes P 6 8 S 10 6 0

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INSTALLA- TION'S EPA I.D. NO. CADO06906127 1. STALLA- I. STALLA- II. MARION II. MAILING ADDRESS LUMB BEACH, CA 90801 LOCATION LOCAT	INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).
FOR OFFICIAL USE ONLY	
C C INSTALLATION'S EPA I.D. NUMBER APPROVED DATE RECEIVED	2 1000
FCAD88698612731 A 801125 01 DE	C 1980
I. NAME OF INSTALLATION	Carlo Contraction of the Contrac
30	67
II. INSTALLATION MAILING ADDRESS	
STREET OR P.O. BOX	
15 16	45
	CODE
III. LOCATION OF INSTALLATION	
STREET OR ROUTE NUMBER	
6 LONG BEACH	CODE
IV. INSTALLATION CONTACT	• • • • • • • • • • • • • • • • • • • •
NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
ZEMMETT SHADDOCK OPEBATIONS SY	P213-424-1693
V. OWNERSHIP	45 46 - 48 49 - 31 104 - 32
FRET BOLANE INSTALLATION'S LEGAL OWNER	
(enter the appropriate letter into box) VI. TYPE OF HAZARDOUS WASTE ACTIVITY (en	ter "X" in the appropriate box(es))
	RANSPORTATION (complete Item VII)
	INDERGROUND INJECTION
VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate by	ox(es))
A. AIR B. RAIL THIGHWAY D. WATER E. OTHER	(apecify):
VIII. FIRST OR SUBSEQUENT NOTIFICATION Mark "X" in the appropriate box to indicate whether this is your installation's first notification of haza	ardous waste activity or a subsequent notification.
If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided be	c. INSTALLATION'S EPA I.D. NO.
A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item	
	6 CADOO6906127
IX. DESCRIPTION OF HAZARDOUS WASTES Please go to the reverse of this form and provide the requested information.	F M DIOPP 4 PIPIT & IT

IX. DESCRIPTION OF	HAZARDOUS WASTES	continued from froi	nt)		
	S FROM NON—SPECIFIC SO ic sources your installation han			CFR Part 261.31 for eac	h listed hazardous
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	 	9	10	111	12
	S FROM SPECIFIC SOURCES es your installation handles. U			art 261.32 for each listed	hazardous waste from
13	14	15 1 1 1	16	17	18
K048	K049	K050	KOSI		
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23 34	21 126	23 26	23 28	23 - 26	23 28
	WASTES. Enter the four-dig research laboratories your insta				m hospitals, veterinary
49	50	51	52	53	54
E. CHARACTERISTICS	F NON-LISTED HAZARDO	US WASTES. Mark ">	(" in the boxes correspon	nding to the characteristi	cs of non-listed
hazardous wastes your	installation handles. (See 40 C	FR Parts 261.21 261	.24.)		
XI. IGNIT.	ABLE (poet)	CORROSIVE	☐3. REACTIN	/e (D0	4. TOXIC 00)
X. CERTIFICATION		CHANGE TO THE STATE OF THE STAT	or the bold is the first defined by a bold on a little of the bold	A contract of the second of th	>
I certify under penal attached documents, I believe that the sub	ty of law that I have pers and that based on my inq mitted information is true ion, including the possibili	uiry of those individually accurate, and com	duals immediately res plete. I am aware tha	ponsible for obtaining	g the information.
SIGNATURE		NAME & OFFICE	AL TITLE (type or prin	t) D	ATE SIGNED
		Δ (20	Oc 1. 1	Saucen	11/24/20

EPA Form 8700-12 (6-80) REVERSE

LOMITA GASOLINE COMPANY

Producers of Natural Gasoline

A. van Os GENERAL MANAGER 2901 ORANGE AVENUE P.O. DRAWER 851 LONG BEACH, CALIFORNIA 90801 (213) 424-1693

March 26, 1987

CSC (T-1-2)
U.S. EPA Region IX
215 Fremont Street
San Francisco, CA 94105

Gentlemen:

Lomita Gasoline Co. was issued EPA I.D. numbers for Hazardous Waste Activities for two locations as follows:

CAT 080014186 for 1348 W. 9th Street - Long Beach

and

CAD 006096127 for 2901 Orange Ave. - Long Beach

Due to a capital restructuring of Petrolane Inc. and its various subsidiaries, which includes Lomita Gasoline Co., the latter will be merged into its parent corporation Petrolane Gas Services Inc. (PSG) which in turn will be merged with its respective parent company, Petrolane Inc. Petrolane intends to transfer the assets currently held by Lomita Gasoline Co. to Petrolane Gas Service Limited Partnership, a newly formed Delaware limited partnership. Petrolane Inc will be the sole general partner in the Partnership.

As noted above, the transfer is merely part of a financial reorganization of Petrolane. Nothing will change in the day-to-day operation of the business relating to the agreements as a result of this restructuring. The same management and employees will continue to operate the affected facilities. In addition, the Partnership and Petrolane both will assume all obligations and liabilities and will inure to all of the rights of Lomita Gasoline Co. under the agreements. Both entities will covenant and agree to perform all the conditions of said agreements.

CSC (T-1-2) U.S. EPA Region IX Page Two March 26, 1987

Based upon our conversation with the RCRA assistance group, we will continue to use the EPA I.D. numbers as issued to us in 1981. Should this be incorrect, please advise us at your earliest opportunity.

At the same time you change our records as to the above, please note that we are also registered as Hazardous Waste transporters by the State of California, Dept. of Health Services.

We thank you for your attention to this matter.

Yours truly,

A. van Os

General Manager

AvO:jb

DÁTA * * * <u>NOTIFICATION CHÁNGE</u> * * *

RCRA Initial:	S.
Datë change	d:

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY/CORE DATA - SCREEN 1
COMMENTS:
FACILITY ID: CADOU 69 06127 ACTION: C APPROVED:
DATE RECEIVED: 900906 Hill Plant
INSTALLATION > STREET: THAILING ADDRESS > CITY: STATE: STATE
LOCATION OF > STREET: INSTALLATION > CITY: STATE: S
OHERSHIP: Lamita Gasoline Co Inc 17PE OF OHNER: D
COUNTY NAME:PARENT EPA-ID: RCRA INDICATOR: HWCTDB:
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY/CORE DATA - SCREEN 2
ACILITY ID: SSD########
) TYPE OF WASTE ACTIVITY: 18. GEN 2. 18ANS 3. 15b 4. UIC
) HUF ACTIVITY: A. GEN MKT->BURNER B. OTHER MKT C. BURNER) OSO ACTIVITY: A. GÉN MKT->BURNER B. OTHER MKT C. BURNER) SO ACTIVITY:
BURNER TYPE: UTILITY BOILER INDUST BOILER FURNACE
HODE OF TRANSPORTATION: AIR_ RAIL_ HIGHWAY_ WATER_ OTHER_
HAZ. WASTES FROM SPECIFIC/HON-SPECIFIC/COMMERCIAL CHEMICAL/INFECTIOUS Add DOO3 CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES:
IGNITABLE CORROSIVE REACTIVE TOXIC
* * *
Changes on 1s and TRANSPORTERS FINDS Initial:

United States Environmental Protection Agency Washington, DC 20460

♦EPA Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act)

	and Recovery Act).					
For Official Use Only						
Comments						
C						
Installetion's EPA ID Number	Date Received Approved (yr. mo. day)					
C F	900906					
I. Name of Installation						
HILL PLANT!						
II. Installation Mailing Address						
. Street	or P.O. Box					
3PO BOX 851						
City or Town	State ZIP Code					
&LONG BEACH	CA 90801					
III. Location of Installation						
	Route Number					
52901 ORANGE AV	E					
City or Town	State ZIP Code					
ELONG BEACH	CA90806					
IV. Installation Contact						
Name and Title (last, first, and job title)	Phone Number (area code and number)					
EVAN OS ADRIANYS						
V. Ownership						
A. Name of Installation's Legal Owner	er B. Type of Ownership (enter code)					
& LOMITA GASOLINE	COINC					
VI. Type of Regulated Waste Activity (Mark 'X' in the ap	propriate boxes. Refer to instructions.)					
A. Hazardous Waste Activity	B. Used Oil Fuel Activities					
1a. Generator	6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)					
3. Treater/Storer/Disposer	a. Generator Marketing to Burner					
4. Underground Injection	b. Other Marketer					
5. Market or Burn Hazardous Waste Fuel	c. Burner					
(enter 'X' and mark appropriate boxes below)						
a. Generator Marketing to Burner	7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification					
☐ b. Other Marketer						
☐ c. Burner						
VII. Waste Fuel Burning: Type of Combustion Device (en	ter'X' in all appropriate boxes to indicate type of combustion device(s) in					
which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.) A Utility Boiler B. Industrial Boiler C. Industrial Furnace						
VIII. Mode of Transportation (transporters only — enter	X in the appropriate box(es)					
☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)						
IX. First or Subsequent Notification						
Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.						
☐ A. First Notification	em C) C. Installation's EPA ID Number					
`						

		ID — For Official Use Only				
		C W		T/A C		
X. Description of Hazardous Wastes (con						
A. Hazardous Wastes from Nonepacific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.						
1 2	3	4	5	6		
		. ;				
7 8	9	10	11	12		
B. Hazardous Wastes from Specific Sources. Enter specific sources your installation handles. Use ad	the four-digit numbe ditional sheets if nec	er from 40 CFR Part 261.3. essary.	2 for each listed haz	ardous waste from		
13 14	15	16	17	18		
K048 K049	K050	KO5!				
19 20	21	22	23	24		
25 26	27	28	29	30		
			.			
C. Commercial Chemical Product Hazardous Waste your installation handles which may be a hazardou	es. Enter the four-digus waste. Use addition	git number from 40 <i>CFR</i> Pa	irt 261.33 for each o	chemical substance		
31 32	33	34	35	36		
37 38	39	40	41	12		
43 44	45	46	47	48		
D. Listed Infectious Wastes. Enter the four-digit num pitals, or medical and research laboratories your in				pitals, veterinary hos-		
49 50	51	52	53	54		
E. Characteristics of Nonlisted Hazardous Wastes. your installation handles. (See 40 CFR Parts 261.2		s corresponding to the cha	racteristics of nonlis	sted hazardous wastes		
1. Ignitable	. Corrosive (D002)	(D0 03)	,	☐ 4. Toxic (D000)		
XI. Certification						
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.						
Signatuje	Name and Off	icial Title (type or print)	D	ate Signed		
The second secon	A	VAN (OS	. VT	8/27-90		

EPA Form 8700-12 (Rev. 11-85) Reverse

-> RCRA

LOMITA GASOLINE COMPANY

Producers of Natural Gasoline

A. van Os GENERAL MANAGER 2901 ORANGE AVENUE P.O. DRAWER 851 LONG BEACH, CALIFORNIA 90801 (213) 424-1693

August 27, 1990

U. S. EPA Region IX 215 Fremont Street San Francisco, CA 94105

Gentlemen,

INCORPORATION OF LOMITA GASOLINE CO.

It is our understanding that the recent incorporation of Lomita Gasoline Co. as "Lomita Gasoline Co., INC." requires refiling of the Notification of Hazardous Waste Activity for the two facilities currently in possession of EPA ID # as follows:

- 1) CAT 080014186 for Harbor Plant and
- 2) CAD 006096127 for Hill Plant

Attached you will find completed application forms for these locations.

In case additional information is required, please contact the undersigned at 213-424-1693.

Yours Sincerely.

A. van Os Vice President

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PR/TREE/CO WH C101 CONT CAD006906127:
 PR/TREE/CO WH C101 CONT AD006906127:
  1* 09
  2* CA
 ***
 ALT-F10 HELP TVI 920 FDX 2400 E71 LOG CLOSED PRT OFF CR
                                                                           ° CR
  101* CAD006906127
  102* N
  104* PETROLANE GAS SERVICES INC
  105* EMMETT SHADDOCK OPERATION
  106* PO BOX 851
  107* LONG BEACH
  108* CA
  109* 90801
  110* 2901 ORANGE AVE
  111* LONG BEACH
  112* 90801
  113* 2134241693
  114* 037
  120* 00
  216* LOS ANGELES
  1101* 1
  1503* PETROLANE INC
  219* R
  202* 09/15/1987
  308* L
  235* 3
   1201* 2911
         HELP ° TVI 920 ° FDX ° 2400 E71 ° LOG CLOSED ° PRT OFF ° CR
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ALT-F10
0
    1601* 11/25/1980
    1603 * 12/19/1980
    1701* X
      2701* D001 -
     2701* K048 -
      2701* K049 1
     2701* K050 -
     2701* K051 7
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